

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6150

State File No. 1092

318

1003

|  |  |   |                   |  |  |  |  |
|--|--|---|-------------------|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |                   | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>  |  | c. LENGTH OF STAY (in this place) _____   |                   | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>  |  | d. STREET ADDRESS (If rural, give location) <u>202 N. Jefferson</u>              |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips Hosp. (I)</u>  |  |   |                   | d. STREET ADDRESS (If rural, give location) <u>202 N. Jefferson (I)</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Madison</u>   |  |   | b. (Middle) _____ |  |  | c. (Last) <u>Ferrell</u>   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>February 2, 1949</u>   |  | 5. SEX <u>Male</u>  |                   | 6. COLOR OR RACE <u>Col.</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>          |  |
| 8. DATE OF BIRTH <u>July 5, 1896</u>   |  | 9. AGE (In years last birthday) <u>52</u>   |                   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Liberer</u>                                    |  | 11. BIRTHPLACE (State or foreign country) <u>Alabama</u>                         |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Martin E. Ferrell</u>   |                   | 13b. MOTHER'S MAIDEN NAME <u>Lucy (unk)</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Eve Jones</u>                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>   |  | 16. SOCIAL SECURITY NO. <u>unk</u>  |                   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eve Jones 2633 Pine</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Undetermined</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Undetermined</u> |                   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Undet.</u>                                |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |                   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |                   | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____                            |  |
| 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? _____  |                   |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>1-15</u> , 19 <u>49</u> , to <u>2-2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>49</u> , and that death occurred at <u>3:40P</u> m., from the causes and on the date stated above. |  |   |                   |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>J. B. Sasater M. D.</u>  |  |   |                   | 23b. ADDRESS <u>2601 N Whittier</u>  |  | 23c. DATE SIGNED <u>2-3-49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____  |  | 24b. DATE <u>2-7-49</u>   |                   | 24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Ill</u>               |  |
| DATE REC'D BY LOCAL _____  |  | REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>  |                   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. M. Cheen &amp; Son's</u>  |  |  |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21

22-0707-  
Bn-5861

Wife

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edgar H Green

Licensed Embalmer No. 4521

P. O. Address 3517 Lauder

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.